



## CERTIFICATE OF MAILING

Hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 02/28/05.

Marianne Boland  
Marianne Boland

In Re Application of:

**Hassell, *et al.***

Serial No.: **09/650,867**

Filed: **August 30, 2000**

Confirmation No.: **2151**

Group Art Unit: **2137**

Examiner: **Schubert, Kevin R.**

TKHR Docket No. **061607-1390**

For: **SYSTEM AND METHOD FOR A TROUBLESHOOTING  
PORTAL TO ALLOW TEMPORARY MANAGEMENT  
ACCESS TO A COMMUNICATION DEVICE**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Letter  
Response to First Office Action  
5 Pages of Formal Drawings (FIGs. 1, 2, 4, 5 and 7)

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

# AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Hassell, et al.

Docket No.

061607-1390

Serial No.  
09/650,867

Filing Date  
August 30, 2000

Examiner  
Schubert, Kevin R.

Confirmation No.  
2151

Group Art Unit  
2137

Invention: **System And Method For A Troubleshooting Portal To Allow Temporary Management Access To A Communication Device**

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is a Response to First Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	61 -	61 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ \_\_\_\_\_
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 16-0255.

  
Raymond W. Armentrout; Reg. No. 45,866

February 28, 2005  
Date